

APPLICATION DATA SHEET

APPLICATION TYPE: **Original**
SUBJECT MATTER: **surface treatments**
TITLE: **SILICON-CONTAINING TREATMENTS FOR SOLID SUBSTRATES**

ATTORNEY DOCKET NUMBER: **MSH - 245**

SUGGESTED DRAWING FIGURE: **none**

TOTAL DRAWING SHEETS: **0**

SMALL ENTITY: **Y**

APPLICANT INFORMATION

APPLICANT AUTHORITY TYPE: **Inventor**
PRIMARY CITIZENSHIP/COUNTRY: **US**
GIVEN NAME: **John**
MIDDLE NAME: **A.**
FAMILY NAME: **Reeve**
CITY OF RESIDENCE: **Midland**
STATE OF RESIDENCE: **Michigan**
COUNTRY OF RESIDENCE: **US**
STREET MAILING ADDRESS: **2525 Washington Street**
CITY OF MAILING ADDRESS: **Midland**
STATE: **Michigan**
COUNTRY: **US**
ZIP CODE: **48642**

APPLICANT INFORMATION

APPLICANT AUTHORITY TYPE:
PRIMARY CITIZENSHIP/COUNTRY:
GIVEN NAME:
MIDDLE NAME:
FAMILY NAME:
CITY OF RESIDENCE:
STATE OF RESIDENCE:
COUNTRY OF RESIDENCE:

APPLICATION INFORMATION

STREET MAILING ADDRESS:

CITY OF MAILING ADDRESS:

STATE:

COUNTRY:

ZIP CODE:

CORRESPONDENCE INFORMATION

CUSTOMER NUMBER: **008131**

NAME: **McKellar Stevens, PLLC**

STREET: **784 South Poseyville Road**

CITY: **Midland**

STATE: **Michigan**

COUNTRY: **US**

ZIP CODE: **48640**

PHONE NUMBER: **(989) 631-4551**

FAX NUMBER: **(989) 631-4584**

E-MAIL ADDRESS: **RLMCKELLAR@MSH-IPLAW.COM**

REPRESENTATIVE INFORMATION

REPRESENTATIVE CUSTOMER NUMBER **008131**

ASSIGNMENT INFORMATION

ASSIGNEE NAME:

MAILING ADDRESS

STREET:

CITY:

STATE:

ZIP CODE:

COUNTRY: